

SRF Disbursement Request Form

Participant Information

Name:	City of West Lafayette	SRF Loan Number:	WW141079 07
DUNS Number:	04 455 2636	CCR Number:	6NKJ2
Request Number:	31		
Mailing Address:	711 West Navajo Street		
City:	West Lafayette	State:	IN
ZIP:	47906		
Contact Person:	Judith C. Rhodes, Clerk-Treasurer	Contact Phone Number:	765-775-5150
Authorized Representative:	Mayor John R Dennis, or Cl-Tr J. Rhodes	Authorized Representative Phone Number:	765-775-5100

If requesting reimbursement to the Participant by wire transfer please provide the following information:

Bank Name:		Bank Routing Number:	
Account Name:		Account Number:	

Loan Information

Description of work for which claim is being made (services, fees, type of work, etc.):	Sheraton and Fairway Knolls Lift Station Improvements		
Is any part of this claim funded by an alternate funding source?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If yes, please identify the source and amount of the claim funded by the alternate source (OCRA, SAP, Local Funds):			\$
Is any part of this claim funded by the Indiana Brownfields Program?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Has the Participant paid the request and is now seeking reimbursement?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Is any part of this claim a result of a change order? If yes, please attach the SRF change order approval letter.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Are there Green Project Reserve components involved in this request?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If yes, please describe:			

Loan Financial Information

Original Loan Amount:		\$	2,610,000.00
Total Amount of Previous Disbursements:		\$	1,652,298.00
Balance Available After this Disbursement:		\$	942,902.00
Amount to Contractor for this Request:		\$	14,800.00

Is any part of this request a partial or final release of retainage to the contractor?				<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Contractor Name:	Wintek Corporation	DUNS Number:	07 207 5724		
Mailing address:	427 N 6 th Street, Suite C				
City:	Lafayette	State:	IN	ZIP Code:	47901

Wiring Information:

Bank Name:		Bank Routing Number:	
Account Name:		Account Number:	

Retainage Amount for this Request:	\$	
Participant requests that the retainage amount be held by SRF:	<input type="checkbox"/>	
Participant requests that the retainage amount be sent to the Participant via check to the mailing address listed above:	<input type="checkbox"/>	
Participant requests that the retainage amount be sent to the following bank:	<input type="checkbox"/>	

Bank Name:		Bank Routing Number:	
Account Name:		Account Number:	

Total Amount of this Request:	\$	14,800.00
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The undersigned hereby certifies this request for disbursement is, to the best of my knowledge and belief, true and accurate and made in accordance with the conditions of the project agreement, that the certified payrolls received in connection with any enclosed construction invoices are in compliance with the Davis Bacon Act/ US Department of Labor requirements of 29 CFR 5.5(a)(1).

Authorized Representative Signature:		Date:	OCT 27 2015
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For Internal Use Only:

Approved By:		Date:		GPR	\$	
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Revised on July 1, 2014

Wintek Corporation
427 N 6th St
Suite C
Lafayette, IN 47901
United States
(765) 269-8502



REC'D OCT 16 2015

Bill To:
City of West Lafayette Attn: Kathy Henderson 609 West Navajo Street West Lafayette, IN 47906

Date	Invoice
10/16/2015	106145
Account	
City WL Development	

Terms	Due Date	PO Number	Billing Period
Net 30 Days	11/15/2015		Wastewater

Products & Other Charges	Quantity	Price	Amount
<u>Billable Products & Other Charges</u>			
Fiber Construction - Labor: One time fiber construction for Sheraton Lift Station.	1.00	\$5,700.00	\$5,700.00
Fiber Construction - Labor: One time fiber construction for Fairway Knolls Lift Station.	1.00	\$7,900.00	\$7,900.00
Miscellaneous Invoice			
Total Products & Other Charges:			\$13,600.00
Make checks payable to Wintek Corporation. Include invoice # on payment.	Invoice Subtotal:		\$13,600.00
	Sales Tax:		\$0.00
	Invoice Total:		\$13,600.00

1-1/2% per month Service Charge on all past due accounts. To contact the accounting department, please email ap@wintek.com. Our A/R direct call 765-269-8502.

Wintek Corporation
427 N 6th St
Suite C
Lafayette, IN 47901
United States
(765) 269-8502

REC'D OCT 20 2015



Bill To:
City of West Lafayette Attn: Kathy Henderson 609 West Navajo Street West Lafayette, IN 47906

Date	Invoice
10/19/2015	106151
Account	
City WL Development	

Terms	Due Date	PO Number	Billing Period
Net 30 Days	11/18/2015		

Products & Other Charges	Quantity	Price	Amount
Billable Products & Other Charges			
Labor: Configuration and installation of IE switches at liftstations. (Quote 1511)	1.00	\$1,200.00	\$1,200.00
Miscellaneous Invoice			
Total Products & Other Charges:			\$1,200.00
Make checks payable to Wintek Corporation. Include invoice # on payment.	Invoice Subtotal:		\$1,200.00
	Sales Tax:		\$0.00
	Invoice Total:		\$1,200.00

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